



**Pennsylvania**

DEPARTMENT OF TRANSPORTATION  
www.dot.state.pa.us

**APPLICATION  
SENIOR CITIZEN TRANSIT  
IDENTIFICATION CARD**

FREE/REDUCED FARE  
TRANSIT PROGRAMS FOR SENIOR CITIZENS

\_\_\_\_\_  
CARD NUMBER

NAME OF APPLICANT (Last, First, Middle Initial)			DATE OF APPLICATION	
ADDRESS (Street or Route)		(City or Post Office)		(State)
				(Zip Code)
HOME TELEPHONE NUMBER	DATE OF BIRTH	AGE	SIGN HERE	
AREACOOE ____-____-____			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE X _____	

**THIS SECTION TO BE COMPLETED BY TRANSIT AGENCY**

ACCEPTABLE PROOF OF AGE DOCUMENTS (ONE REQUIRED, CHECK AND INCLUDE APPLICABLE INFORMATION)

- ARMED FORCES DISCHARGE/SEPARATION PAPERS – SEPARATION DATE \_\_\_\_\_
- BAPTISMAL CERTIFICATE-CHURCH'S NAME & ADDRESS \_\_\_\_\_
- BIRTH CERTIFICATE - NUMBER \_\_\_\_\_
- PASSPORT/NATURALIZATION PAPERS – NUMBER \_\_\_\_\_
- PENNSYLVANIA IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- RESIDENT ALIEN CARD – NUMBER \_\_\_\_\_
- PACE IDENTIFICATION CARD – NUMBER \_\_\_\_\_
- PHOTO MOTOR VEHICLE OPERATOR'S LICENSE – NUMBER \_\_\_\_\_
- STATEMENT OF AGE FROM UNITED STATES SOCIAL SECURITY ADMINISTRATION  
(ATTACH COPY TO THIS APPLICATION)

**PLEASE NOTE THAT ONLY THE ABOVE FORMS OF AGE DOCUMENTATION ARE ACCEPTABLE FOR THESE PROGRAMS**

I DO HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE AGE DOCUMENTATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION -DATE

\_\_\_\_\_  
PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE

\_\_\_\_\_  
NAME OF TRANSIT AGENCY (Include Street or Route, City or Post Office, State, Zip Code)